

2000 UNIFORM BUSINESS REPORT (UBR)

0002897 AF

DOCUMENT # L96000000381

1. Entity Name
ZINGG HOMES, L.C.

Principal Place of Business
**7270 NW 12TH STREET, PH-1
MIAMI FL 33126**

Mailing Address
**7270 NW 12TH STREET, PH-1
MIAMI FL 33126-1929**

FILED

00 JAN 27 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16021 SW 91 CT
Suite, Apt. #, etc.

3. Mailing Address
16021 SW 91 CT
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0660841

Applied For
Not Applicable

Zip Country
33157 DADE

Zip Country
33157 DADE

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z
7270 NW 12TH STREET, PH-1
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **MGRM ZINGG, HERMANN** ☒ Delete
STREET ADDRESS **7270 NW 12TH STREET, PH-1**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE NAME **MGRM WANG, WILLIE** ☒ Delete
STREET ADDRESS **7270 NW 12TH STREET, PH-1**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **PRESIDENT** ☒ Change ☐ Addition
STREET ADDRESS **HERMANN A. ZINGG (MGRM) 11111 BISCYNE BLVD, # 725 (MGRM) N. MIAMI, FL 33161**

TITLE NAME **TREASURER** ☐ Change ☒ Addition
STREET ADDRESS **ALEJANDRO ZINGG (MGRM) 7674 W 34 LANE (MGRM) MIAMI, FL 33016**

TITLE NAME **6000003118636--8** ☐ Change ☐ Addition
STREET ADDRESS **-02/01/00--01080--003**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE HERMANN ZINGG

1/7/2000 (305)378-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)